

Understanding Tobacco Policy Making From Local Policy Makers' Point of View:

A study of elected Arizona policy makers at the city and county levels

Merrill Eisenberg, Ph.D.

Kirsten Elliott
Kristie Taylor
Ron Woodard

Arizona Tobacco Information Network
November, 2000

Funded by the Arizona Department of Health Services, Tobacco Education and Prevention
Program (TEPP)

TABLE OF CONTENTS

I. Purpose

II. Methods

- A. Formative Research and Survey Development
- B. Identifying Policy Makers and Public Information
- C. Survey Distribution and Efforts to Increase Response Rate
- D. Confidentiality
- E. Data Analysis

III. Findings

- A. Background: Who are the Arizona Local Policy Makers?
- B. Sample Description
- C. Perceived Locus of Responsibility for Public Health and Tobacco Control
- D. The Salience of Tobacco Control
- E. Knowledge and Attitudes About Tobacco and Tobacco Policy
- F. Who Do You Trust?
- G. What Types of Information Are Preferred by Local level Policy Makers?
- H. What Resources Do Policy Makers Have for Gathering and Interpreting Information?
- I. How Do Local Policy Makers Prefer to Hear From Their Constituents?

IV. Conclusion

Appendix 1: Information by Local Project

Appendix 2: Survey Materials

Appendix 3: Classification of Occupations of Municipal Elected Officials

I. PURPOSE

The purpose of this study is to provide information describing local level public policy makers and how they approach policy making, so that the local tobacco projects can be better prepared to work with elected officials and meet their informational needs. Specific research questions that are answered by this study include:

- Who are the local policy makers in Arizona? A basic demographic description of the universe of policy makers is provided. A more detailed description is provided for policy makers who participated in the survey.
- What is the salience of tobacco use in the overall range of health issues facing local policy makers? The perceived seriousness of tobacco use as a health issue is contrasted with other health issues commonly addressed by local policy makers.
- What do local policy makers believe about tobacco control and the role of government in public health and tobacco control issues? A description and analysis policy makers' opinions about the role of federal, state, county, city, and citizen initiative in creating public policy for a variety of issues is presented. Opinions about tobacco control policy and the health effects of ETS are also included.
- Whose opinions most influence local policy makers? The influence of various information sources is described and analyzed.
- How do local policy makers prefer to hear from their constituents? A description and analysis of contact preferences is provided.
- What types of information and information formats are preferred by local level policy makers? Preferences for various information sources and formats are described and analyzed.
- What resources do policy makers have for gathering and interpreting information? Staff availability e-mail/internet capability are assessed. How these resources are used as tools for gathering and interpreting information is described and analyzed.

II. METHODS

A. Formative Research and Survey Development

The study began with structured, open-ended interviews with local project directors to identify the range of experiences they have had with local level policy makers. From these interviews, three types of interactions with local policy makers were identified: no interaction, successful interaction, and unsuccessful interaction. We then identified three communities representing each type of interaction in which to conduct more in-depth interviews with policy makers. The communities chosen were Yuma (no interaction), Mesa (successful interaction) and Lake Havasu (unsuccessful interaction).

Structured open-ended interviews were conducted by telephone with mayors and council members from Yuma, Mesa, and Lake Havasu. The interview guide used for these is provided as Attachment X. Telephone calls were made to each policy maker in these communities and interviews were either scheduled or conducted at this initial contact. Interviews lasted from 30 to 60 minutes each. In some cases interviews were continued in a second telephone call. Of the 21 local level policy makers in these three communities, twelve completed interviews, including four from Yuma, three from Mesa and five from Lake Havasu.

Detailed notes were taken during the interviews and these were transcribed and expanded immediately after the interview had been completed. These notes were then organized topically and used to identify questions and response categories for a closed ended survey. The survey was reviewed and tested by individuals who have served as local level policy makers and by other involved in the policy process.

B. Identifying Policy Makers and Public Information

The *Local Government Directory* (January, 2000) published by the League of Arizona Cities and Towns and the Arizona Association of Counties, lists elected officials in every Arizona county, city, and town. This list included the policy makers' names and contact information. Gender was coded based on first name. The *Directory* also lists the occupation of all policy makers serving at the city or town level. These were recorded and those who are retired were noted. Those who are retired from or who currently work in education, health care, or the hospitality industry were also noted. The population of the jurisdiction and geographic area within jurisdictional limits were also taken from this source. Population density was calculated based on population and area. For cities and towns, the *Directory* identifies those that have a council-manager form of government and those that do not. This information was added to each policy maker's record. Finally, the sales tax rate for cities and towns was collected for each city council member.

Political party for each policy maker was obtained by calling the County Recorder in each county and asking for the party affiliation of each individual.

Using the above sources, the information we had describing every policy maker was:

- gender,
- political party affiliation
- jurisdiction (city or county),
- name of county,
- name of city or town for city or town council people,
- population, geographic size and population density of the jurisdiction served,
- type of government and sales tax rate for those serving cities and towns,
- retirement status and employment in the education, health care, or the hospitality industry for those serving cities and towns.

C. Survey Distribution and Efforts to Increase Response Rate

An initial contact was made with a staff member in every city council/county board of supervisor office to verify the names of the policy makers and to identify an individual to shepherd the survey to and from the policy makers. A gift certificate for \$25 at the store of the shepherd's choice was offered as an incentive to encourage a staff member to assist with distributing and collecting the surveys.

Packets with introductory letters and surveys for each policy maker and information about distributing and collecting the surveys, were sent out the shepherds. Appendix 2 contains a sample of these materials. Specific return dates were stipulated for each shepherd.

When packets were returned they were checked for completeness. Shepherds were contacted and asked to continue to try and get surveys from policy makers who had not responded. New letters and survey forms were mailed or faxed in many cases.

When the shepherds reported that they could not generate any additional surveys, the individual policy makers were called on the telephone. Some asked to have the survey sent again by mail or fax and three completed the survey on the telephone.

D. Confidentiality

Policy makers were assured that their response to the questionnaire would not be associated with their name. Because the protocol called for a staff member to distribute and collect the surveys, no identifying information was included on the survey form itself, and a blank envelope was provided in which the policy maker could place his or her completed survey. Each survey form was coded with a unique identification number so that we could identify who had and had not responded to the survey.

In some cases, the policy makers returned their surveys with the unique identification number removed, making it difficult to track who had and had not responded to the survey. When possible, we matched the survey with the individual in our data base based on demographic information. For example, if the survey indicated that the respondent was a woman and there was only one woman from whom we did not have a survey identified, we assumed the survey without the identification number was that woman. When that was not possible (e.g. when there were two women for whom we did not have a survey, and only one survey returned from a woman without an identification number) we generated a new ID number for the individual. This resulted in 23 additional identification numbers in our database.

E. Data Analysis

An ACCESS data file was developed which contained the basic demographic information we had for every policy maker (e.g. gender, political party affiliation, jurisdiction (city or county), name of county, name of city or town for city or town council people, population, geographic size and population density of the jurisdiction served, type of government and sales tax rate for those serving cities and towns, retirement status and field of employment for those serving cities and towns. The appropriate TEPP local project was also identified for each policy maker. A second ACCESS data file was created for the survey information. The two files were merged by unique ID number and converted to an SPSS data file.

All statistical analysis was conducted using SPSS routines. Results are reported as significant at the .05 level; in this report, exact significance levels are reported, rounded to two decimal places. Statistical tests of significance used in this report include chi square, ANOVA, and Pearson correlations. Scales were constructed using Principal Component factor analysis with Eigenvalues higher than 1.0 using the Oblimin rotation method.

III. FINDINGS

A. Background: Who Are The Arizona Local Policy Makers?

Local level tobacco control policy-making can take place in a variety of jurisdictions, and at a variety of levels. Public policy making can occur through laws that are enacted in counties, cities and towns by county supervisors and mayors and city councils. School boards, health departments, and other governmental entities can also adopt tobacco-related policies or regulations. Tobacco-related policy can also be addressed in the private sector. This study focused on public policy making at the city/town council and county board of supervisors levels. Policies made at these levels have the most far reaching impact on the community.

There are 590 elected mayors and city council members serving in 87 municipalities in Arizona. The number who serve in each municipality ranges from five to nine, with the vast majority of municipalities having seven. Overall, 25.4% are female and 73.9% are male; we were unable to determine gender for four individuals (.7%).

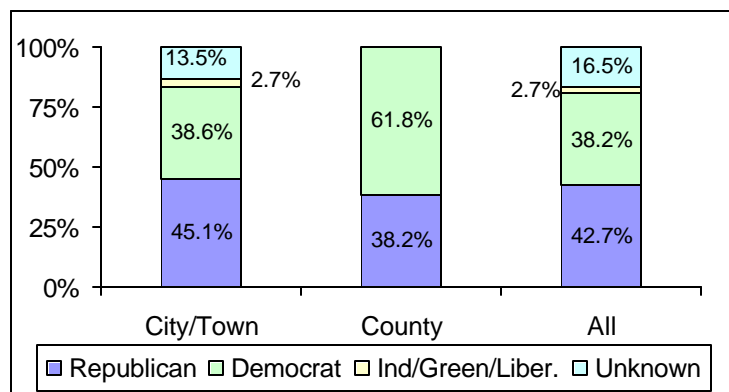
With the exception of Tucson and South Tucson, Arizona cities and towns have non-partisan elections for mayor and city council members. Candidates for these offices do not run as a member of any political party. However, most of these elected officials belong to a political party. Just under half (45.1%) of mayors and council members are Republicans, 38.6% are Democrats, and 8% are members of other political parties, including Independents, Greens, and Libertarians. The party affiliation is unknown for 13.6% of mayors and council members. Some of these are not registered to vote according to their County Clerks who handle voter registration.

There are 15 counties and 55 county supervisors in Arizona. All counties elect three supervisors with the exception of Coconino, Maricopa, Navajo, Pima and Yuma, which elect five. County government is much more male dominated than is city/town government. Twenty percent of those serving at the county level are female and 80% are male. County supervisors run in partisan elections.

Figure 1 shows party affiliation of local policy makers. County government is more Democratic than the city/town governments. Democrats make up 61.8% of county supervisors; 38.2% are Republicans. No other political parties are represented at the county level.

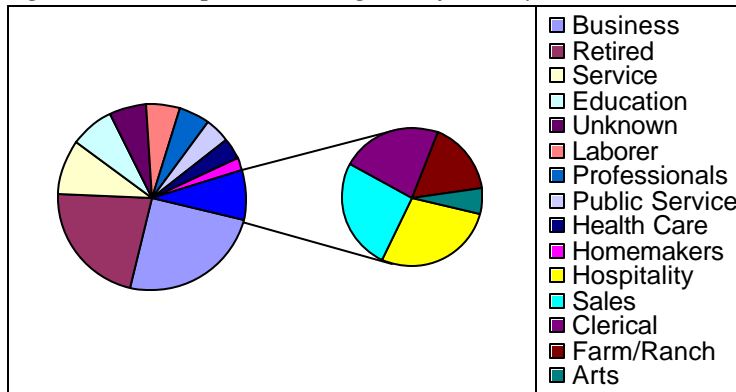
Considering the cities/towns and counties together, 25.0% of the policy makers are female, 74.4% are male and the gender of .6% is unknown. Party affiliation is 44.5% Republican, 40.6% Democrat, 2.5% other parties, and 12.4% unknown.

Figure 1: Party Affiliation at the City/Town and County Levels



Local level policy makers come from a variety of professional backgrounds. The occupation of Mayors and city/town council members is listed in the *Local Government Directory*. The largest proportion describe themselves as business owners (24.6%), and the next largest group is retired (22.0%). Appendix 3 lists the specific job titles that were grouped into the categories shown in Figure 2. The legend for this figure lists the occupational categories in descending order. Information on the occupations of county supervisors is not available.

Figure 2: Occupation Categories for City/Town Council Members



Most communities elect mayors and city councils every two years, to serve staggered four year terms. The exceptions to this are the communities of Carefree, Cave Creek, Globe, Jerome, Miami, Nogales, Paradise Valley, and Tombstone, all of which elect a complete council every two years. At the county level, most boards of supervisors are elected every two years in their entirety with the exception of Cochise and Maricopa, which have staggered four year terms. Table 2 in Appendix 1 shows the election schedule for each local jurisdiction in Arizona.

Getting elected is a public policy maker's prime goal. No matter how strongly he or she feels about the issues, getting elected is a prerequisite to being able to address those issues and therefore is paramount in a policy maker's mind. During election time, no matter what size the jurisdiction, candidates want to meet the voters and appeal to groups of voters with whom they share interests. Campaign time is an ideal time to educate incumbent and prospective policy makers about tobacco issues because at that time they are very interested in increasing their base of support. A strong and well-organized tobacco control community can have a real impact on the composition of public policy making bodies by providing information to candidates, demonstrating a large voting block, and mobilizing tobacco-control voters to work on political campaigns.

B. Sample Description

The 269 local level policy makers who responded to the survey represent 41.7% of all policy makers in Arizona. Among mayors and city council members the response rate was 41.9%. Surveys were received from 83.9% of the cities and towns. Every county was represented at the city/town level. Cities and towns not represented in the sample include: Bullhead City, Clifton, Colorado City, Douglas, Eloy, Fredonia, Huachuca City, Mammoth, Page, Pima, Prescott, Superior, Surprise, Tolleson, and Williams.

Surveys were received from 38.2% of the county supervisors, representing 66.7% of the counties. County boards of supervisors that are not represented in the sample include: Cochise, Graham, Greenlee, Pima and Navajo.

Figures 3-5 compare the sample with the demographic information we have for all local level policy makers. We found no significant difference in gender, political party affiliation, or jurisdiction. In cities and towns, there was no difference in the form of government represented.

Figure 3: Gender Comparison: All Policy Makers vs. Survey Respondents: Statistically equivalent

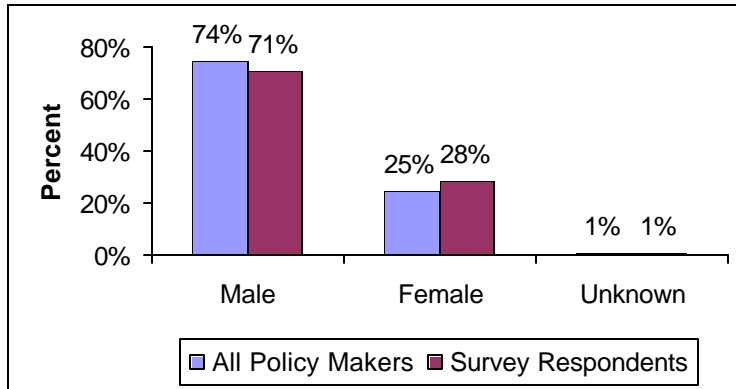


Figure 4: Party Affiliation Comparison: All Policy Makers vs. Survey Respondents: Statistically equivalent

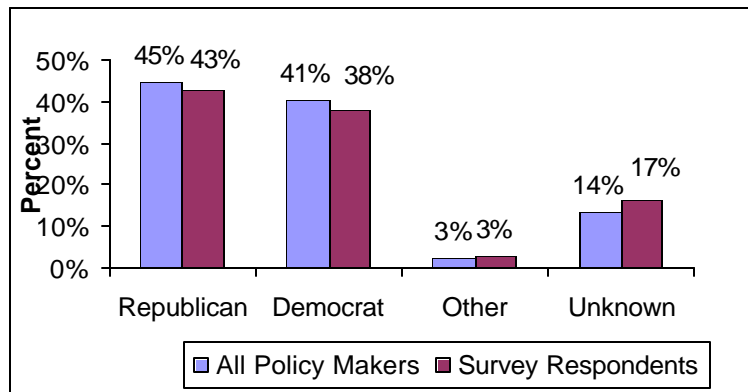
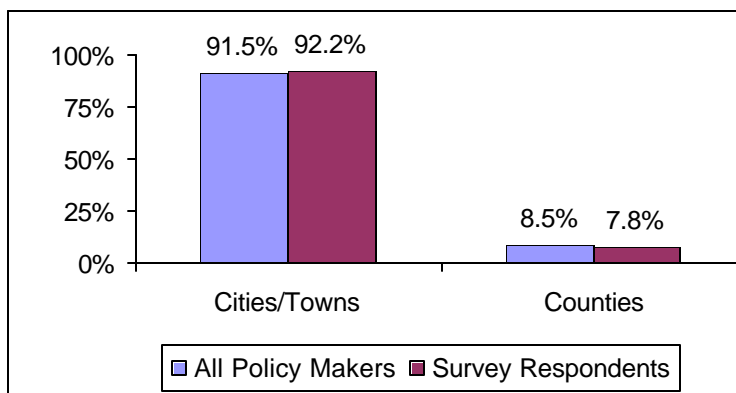
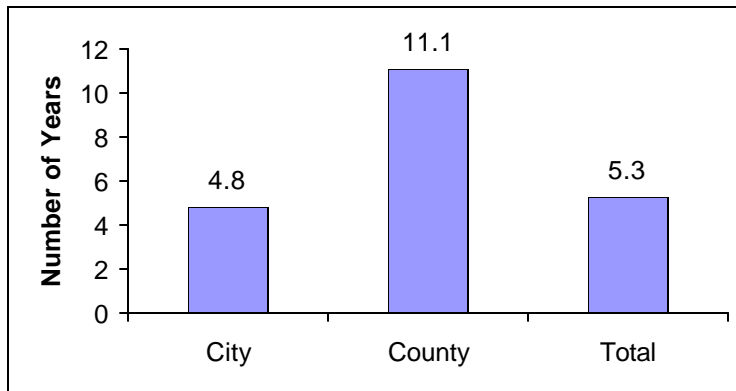


Figure 5: Jurisdiction Representation Comparison: Statistically equivalent



The average age of the 269 survey respondents was 55.6 years (ranging from 26 to 80) and the average number of years in public office was 5.3 (ranging from 1-32). Those who serve at the county level have been in office significantly longer than those serving at the city/town level ($f=32.535$, $p=.000$) Figure 6 compares the number of years in public office for city/town and county policy makers.

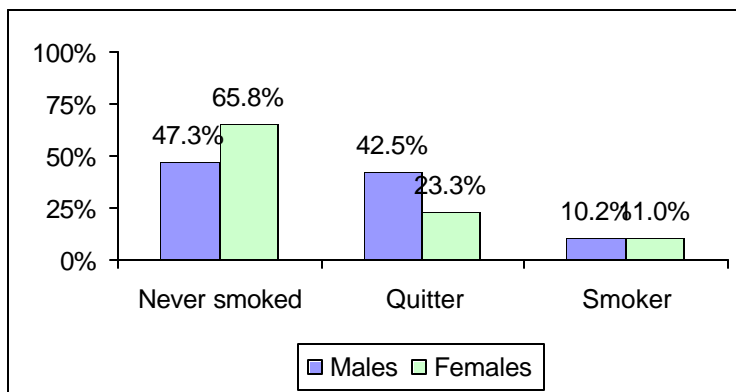
Figure 6: Average Number of Years in Public Office, By Jurisdiction



With regard to tobacco use, 10.4% of the policy makers ($n=27$) responding to the survey report that they currently smoke tobacco. Of these, 48.1% are regular smokers, 40.7% smoke occasionally, and 9% are currently trying to quit. An additional 37.3% are former smokers ($n=97$), and 52.3% have never smoked ($n=136$). Only 2.7% prefer to sit in the smoking section of a restaurant; 85.3% prefer non-smoking and 12.0% have no preference. Almost half of all respondents (49.8%) report that they have someone close to them who has been ill or died due to a tobacco-related illness.

Approximately equal proportions of males and females are currently smokers (10.2% of males, 11.0% of females), but females are more likely to have never smoked than males (chi square=8.629 $p=.013$). Figure 7 compares the percentage of males and females in each tobacco use category. Quitters are significantly older (60.6 years) than smokers (52.9 years) or never smokers (52.2 years) ($f=17.511$ $p=.000$).

Figure 7: Smoking Status by Gender



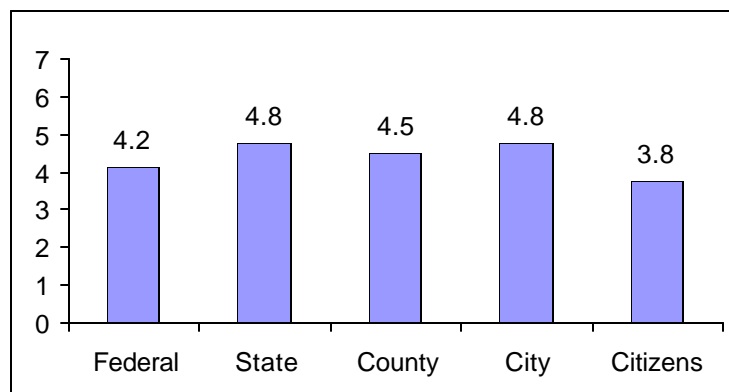
C. Perceived locus of responsibility for public health and tobacco control

We asked the policy makers to indicate where they believe the responsibility for creating public health policy lies for a series of issues including:

- a. Protecting public health
- b. Limiting exposure to health risks in public places
- c. Guaranteeing clean indoor air in public places
- d. Guaranteeing clean indoor air in private workplaces
- e. Limiting the availability of tobacco to youth
- f. Controlling local advertising of tobacco products in retail settings, and
- g. Imposing local taxes, licensing, or zoning restrictions on businesses that sell tobacco products.

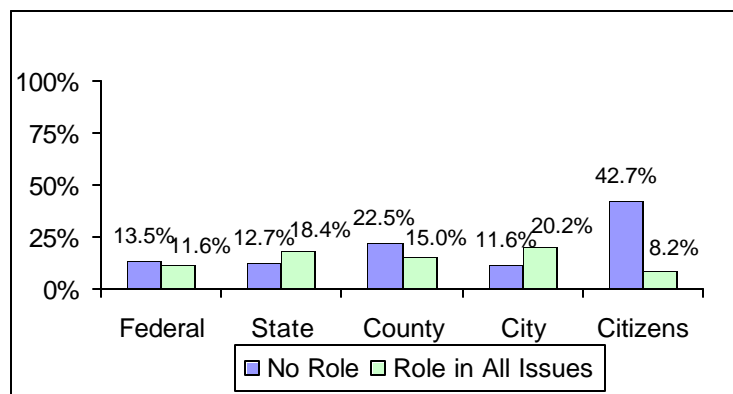
Policy makers were asked to indicate if they believe the responsibility lies with the federal, state, county or city governments, by citizen initiative, or if they believe the issue is not an appropriate public policy issue for each policy area. We assessed the perception of the overall role of each level of government in creating public policy about the seven issues by summing the number of issues for which each policy maker identified each level of government as appropriate. We found that policy makers believe the responsibility lies with state and city government for more issues than any other level of government, and citizen initiative was considered appropriate for the least number of issues. Figure 8 shows that citizen initiative was seen as the appropriate level for creating public policy for an average of 3.8 of the seven issues, while the state and city were seen as appropriate for an average of 4.8 issues.

Figure 8: Average Number of policy issues for which each level of government is perceived as having responsibility



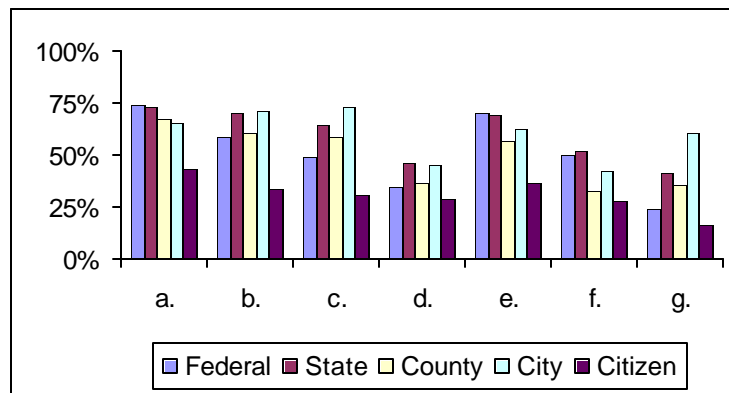
Preference for the state and city as the locus for creating public policy on the seven issues is also demonstrated in Figure 9, which shows that 20.2% of local level policy makers saw a role for the city in every one of the seven issues, and 18.4% saw a role for the state in every issue. Citizen initiative was the level of government perceived to be least appropriate for creating public health policy. Only 8.2% saw this level of government as appropriate for addressing every one of the seven issues, and 42.7% saw it as appropriate for none of them. Although every county has a county health department, more than one in five (22.5%) of the respondents indicated they do not see a county responsibility for any of the issues, while only 15.0% indicated the county level of government as appropriate for all of the issues.

Figure 9: Perceptions of the locus of responsibility for seven public health issues.



The local policy makers see different roles for the various levels of government in creating public health policy for each of the seven issues we addressed (see Figure 9). While the majority of policy makers see protecting public health as a responsibility of all levels of government, when asked about more specific policies, different levels of government intervention are favored. For example, the federal government is most likely to be seen as the appropriate level of government for limiting the availability of tobacco to youth; the state is most frequently seen as the level of government that should be responsible for limiting exposure to health risks in public places, guaranteeing clean indoor air in public places, and limiting the availability of tobacco to youth. The city is likely to be seen as having responsibility for all of the issues. Although a majority of policy makers does not see a role for any one level of government in guaranteeing clean indoor air in private workplaces, those that do tend to locate the responsibility with the state and the city.

Figure 9: Percent assigning policy responsibility to each level of government, by issue



- a. Protecting public health
- b. Limiting exposure to health risks in public places
- c. Guaranteeing clean indoor air in public places
- d. Guaranteeing clean indoor air in private workplaces
- e. Limiting the availability of tobacco to youth
- f. Controlling local advertising of tobacco products in retail settings
- g. Imposing local taxes, licensing, or zoning restrictions on businesses that sell tobacco products.

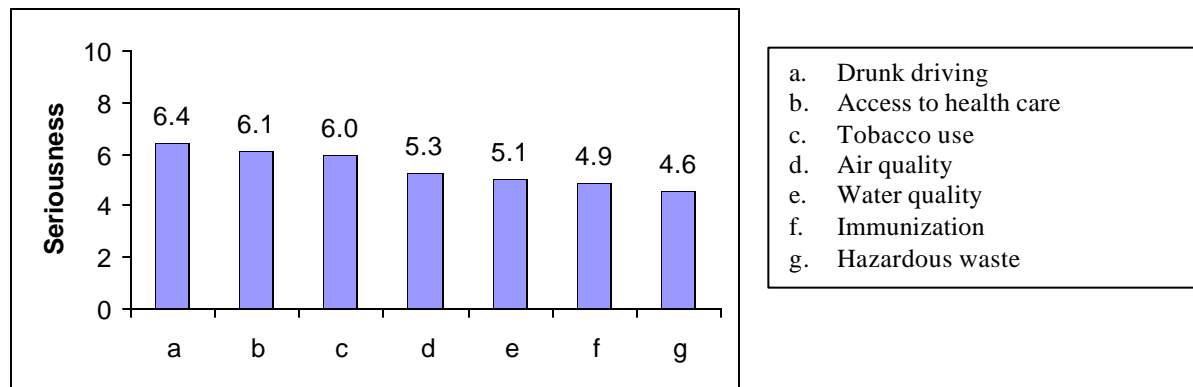
	Federal	State	County	City	Citizen
a.	74.5%	73.4%	67.0%	65.5%	43.1%
b.	58.8%	70.4%	60.3%	70.8%	33.3%
c.	49.1%	64.8%	58.4%	73.0%	30.3%
d.	34.5%	46.1%	36.7%	45.3%	28.5%
e.	69.8%	69.3%	56.6%	62.9%	36.3%
f.	49.8%	52.1%	33.0%	41.9%	27.7%
g.	23.6%	41.2%	36.0%	61.0%	16.1%

D. The Salience of Tobacco Control

Local level policy makers deal with many issues, ranging from budgets to education, to maintenance of roads and sewers, to public safety and health. Even within the realm of public health, tobacco control is only one of many issues that demand the attention of policy makers. With so many issues to be considered, priorities are made. Raising the salience of an issue will increase the probability that it will be considered.

In order to measure the salience of tobacco issues, we asked policy makers to rate the seriousness of a series of public health issues in their district on a scale of 1-10, where 1 means not serious and 10 means very serious, one of which was “tobacco use.” The other issues chosen had been mentioned in the open-ended interviews with policy makers as things that they commonly deal with in the realm of public health. Figure 10 shows the average salience of each issue. Tobacco use scored relatively highly in terms of public health issue salience, exceeded only by drunk driving and access to health care.

Figure 10: Average salience of public health issues



Figures 11-14 show significant differences related to salience. The salience of tobacco use is significantly higher among female policy makers than among men ($f=8.829$, $p=.003$), higher among those who have had someone close to them be ill or die due to a tobacco related illness ($f=4.527$, $p=.034$) and higher among Democrats than among Republicans ($f=3.301$, $p=.039$). The largest significant difference in salience was between those who prefer the smoking section of a restaurant or who have no preference in restaurant seating, versus those who prefer the non-smoking section ($f=9.758$, $p=.000$). Salience was also significantly related to population density, being more salient in higher density jurisdictions

Figure 11: Salience of Tobacco Use by Restaurant Seating Preference

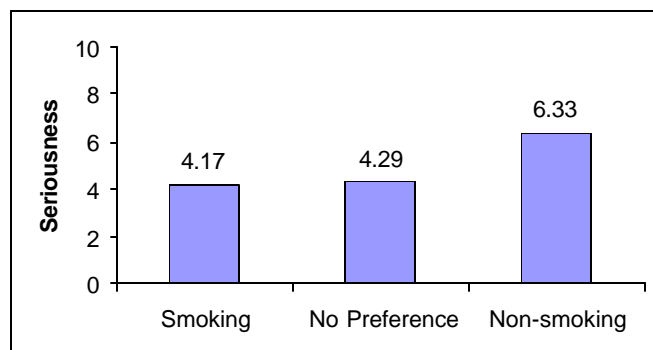


Figure 12: Salience of tobacco use by gender

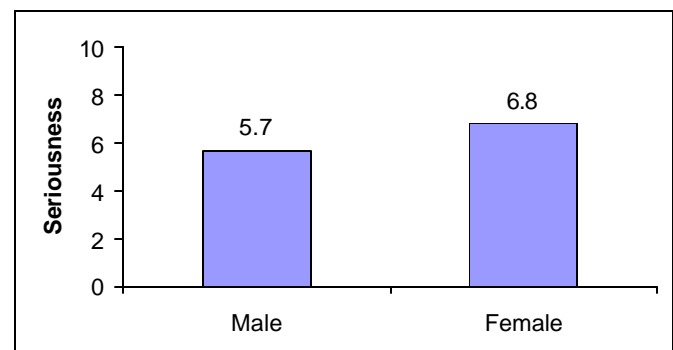


Figure 13: Salience of tobacco use by political party affiliation

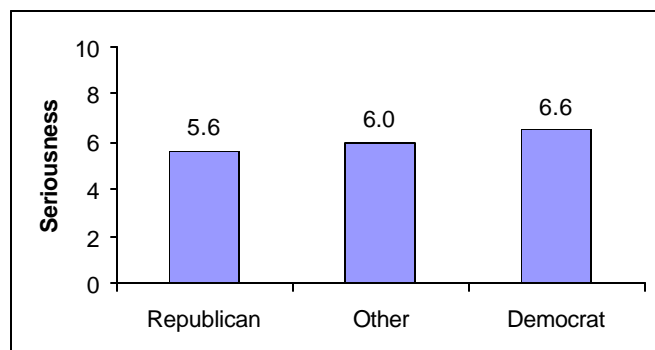
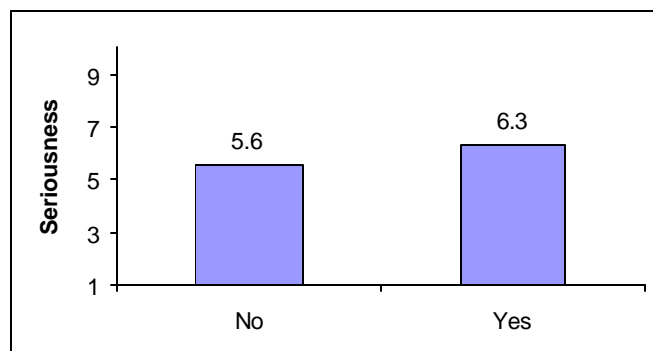


Figure 14: Salience of tobacco use by having had someone close be ill or die due to a tobacco related disease



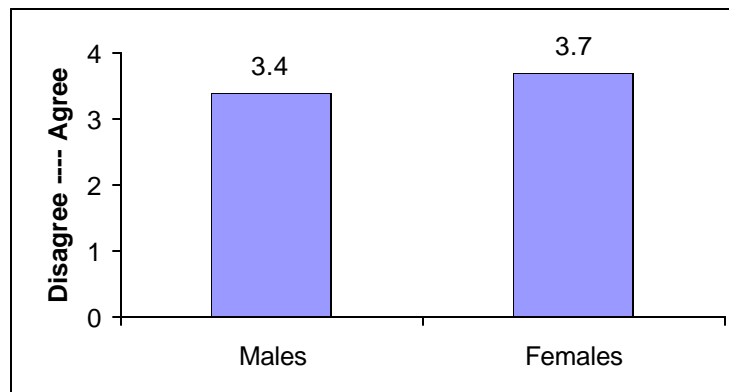
E. Knowledge and Attitudes about Tobacco and Tobacco Policy

Knowledge and attitudes about tobacco and tobacco policies were measured by five statements for which policy makers were asked to indicate the degree to which they agree on a scale of 1-4 where 1 means strongly disagree and 4 means strongly agree. The statements and the average response are indicated below:

	Strongly Disagree	1	2	3	Strongly Agree	4
a. Secondhand smoke creates a serious health risk for non-smokers						^3.4
b. The little bit of smoke you inhale in public places where smoking is permitted is not enough to hurt you						^1.9
c. Smokers have a right to smoke wherever they want						^1.4
d. The majority of Americans support strong tobacco control policies						^2.9
e. The majority of my constituents support strong tobacco control policies						^2.8

Gender was significantly related to agreement that secondhand smoke creates a serious health risk for non-smokers (see Figure 15). Among females, the average level of agreement was 3.7, while among males it was 3.4 ($f=7.301$, $p=.007$).

Figure 15: Secondhand smoke creates a serious health risk for non-smokers: by gender

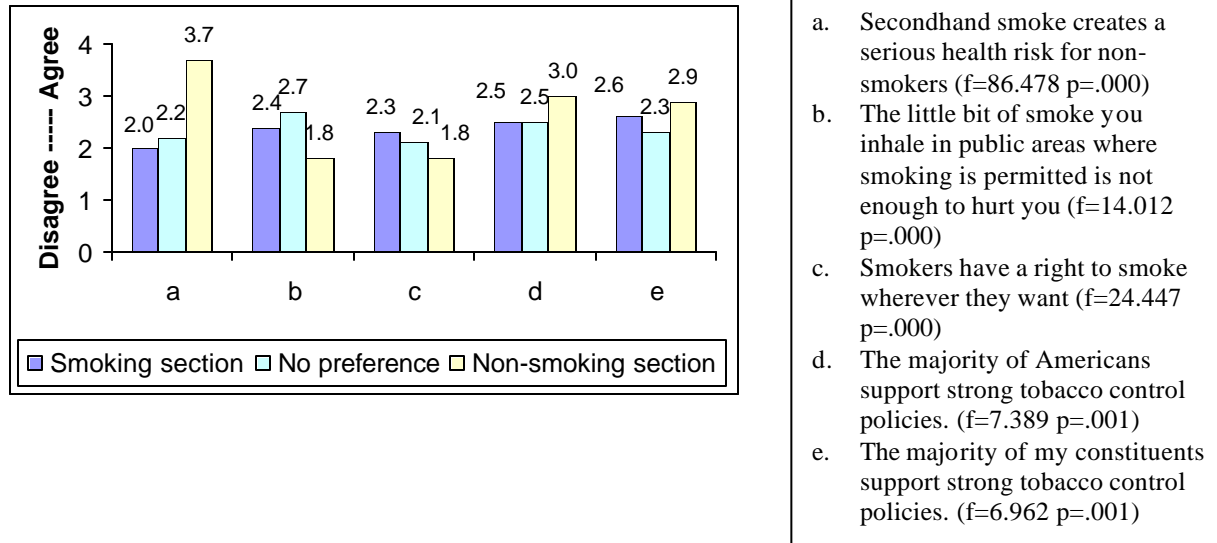


Knowledge and attitudes about tobacco and tobacco policy are strongly related to the perceived salience of tobacco use as a public policy issue. For example, the more strongly a policy maker agrees that secondhand smoke creates a serious health risk for non-smokers, the more serious a problem he or she believes tobacco use is in his or her district. Alternatively, the more strongly a policy maker agrees that smokers have a right to smoke wherever they want, or that the little bit of smoke you inhale in public places where smoking is permitted is not enough to hurt you, the *less* serious he or she believes tobacco use to be. Table 1 summarizes the statistical relationships between salience and the knowledge and attitude items.

Table 1: Correlation with perceived seriousness of tobacco use in your district		
Secondhand smoke creates a serious health risk for non-smokers	$r=.407$	$p=.000$
The little bit of smoke you inhale in public areas where smoking is permitted is not enough to hurt you	$r=-.319$	$p=.000$
Smokers have a right to smoke wherever they want	$r=-.172$	$p=.007$
The majority of Americans support strong tobacco control policies	$r=.137$	$p=.031$
The majority of my constituents support strong tobacco control policies	$r=.147$	$p=.022$

Policy makers' knowledge and attitudes about tobacco and tobacco policy are also strongly related to their personal choices about exposure to secondhand smoke, as shown in Figure 16..

Figure 16: Knowledge and attitudes about tobacco and tobacco control by personal choice about exposure to secondhand smoke

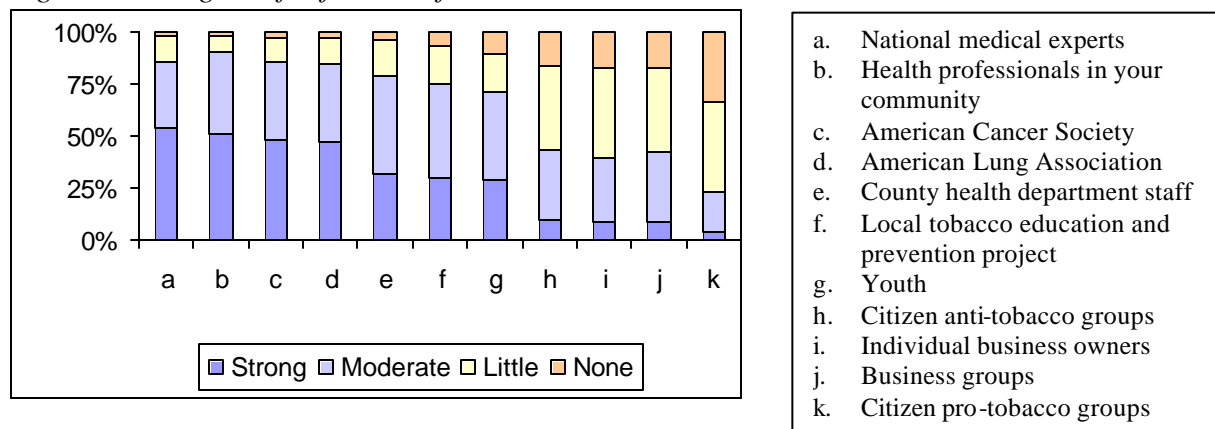


F. Who Do You Trust?

While policy makers at the state and federal level are strongly and overtly influenced by campaign contributions and the special interest groups that make them, these influences are not exerted as directly at the local level. Special interests operate through local community structures to influence tobacco policy. For example, the tobacco industry enlists business groups to fight tobacco control proposals, while efforts to create tobacco control policy are supported by public health organizations. We were interested in the degree to which the opinions of specific interest groups influence local level policy makers when considering tobacco issues.

We asked policy makers to rate the degree of influence each of the following sources of information have on their thinking about tobacco issues: national medical experts, health professionals in our community, county health department staff, the American Cancer Society, the American Lung Association, business groups such as the Chamber of Commerce and local restaurant association, individual business owners, citizen anti-tobacco groups, citizen pro-tobacco groups, youth, and the local tobacco education and prevention project. Figure 17 shows the responses to this series of questions. Overall trust is highest for medical sources – more than half of the policy makers state that they are strongly influenced by the opinions of national experts and local medical professionals. Just under half report they are strongly influenced by the voluntary organizations (Cancer and Lung). Policy makers trust local health programs, such as the health department and the local tobacco project somewhat less – less than a third report that they are strongly influenced by these. The opinions of youth are valued as much as the opinions of local health programs are valued. Under 10% report that they are strongly influenced by citizen anti-tobacco groups and business interests, and only 4% report that they are strongly influenced by pro-tobacco citizen groups.

Figure 17: Degree of Influence of Various Sources



A factor analysis confirmed that there are three basic dimensions of influence on policy makers' thinking about tobacco issues. They are

- (1) Medical/health interest groups: National medical experts
Health professionals in your community
American Cancer Society
American Lung Association
County health department staff

- (2) Business interest groups: Business groups (Chamber of Commerce, Restaurant Association)
Individual business owners
- (3) Citizen interest groups: Citizen anti-tobacco groups
Citizen pro-tobacco groups
Youth
Local tobacco projects

It is notable that local tobacco projects are not part of the medical/health interest group cluster, but as part of the citizen interest group cluster. This suggests that local tobacco project staff is not perceived as health experts but as part of the grassroots community.

We created indexes of influence of medical/health, business, and citizen group sources by calculating the average degree of influence for the items in each category. On a scale of 1-4, where 1 means no influence and 4 means strong influence, the average scores on the influence indexes were:

	No influence			Strong influence
	1	2	3	4
Medical/health interest group influence				$\wedge 3.28$
Citizen interest group influence			$\wedge 2.54$	
Business interest group influence		$\wedge 2.32$		

Scores on the three indexes were significantly correlated – the higher the score on medical/health group influence, the higher the score on business group and citizen group influence. This suggests that policy makers are influenced by medical and health interest groups the most, but the more they are influenced by them, the more they are also influenced by other groups.

Testing for differences in the influence of the three sources of influence we found that female policy makers are significantly more likely to trust medical sources than are males ($f=7.171$, $p=.008$). Population density of the jurisdiction was also significantly related to the influence of medical/health interests ($p=.006$) and citizen interests ($p=.005$), but not to business interests. These groups have more influence in more densely populated communities than in less densely populated ones. No differences were found in comparing policy makers by their political party affiliation, by jurisdiction or by form of government.

Age was significantly related to the influence of business and citizen groups. The older the policy maker, the less they trust both business ($p=.007$) and citizen ($p=.000$) interest groups. Number of years in office, however, was not related to influence by these groups (although older policy makers were found to have held office significantly longer). This suggests that mistrust of the opinions of business and citizen groups is not a function of time in office, but only of age.

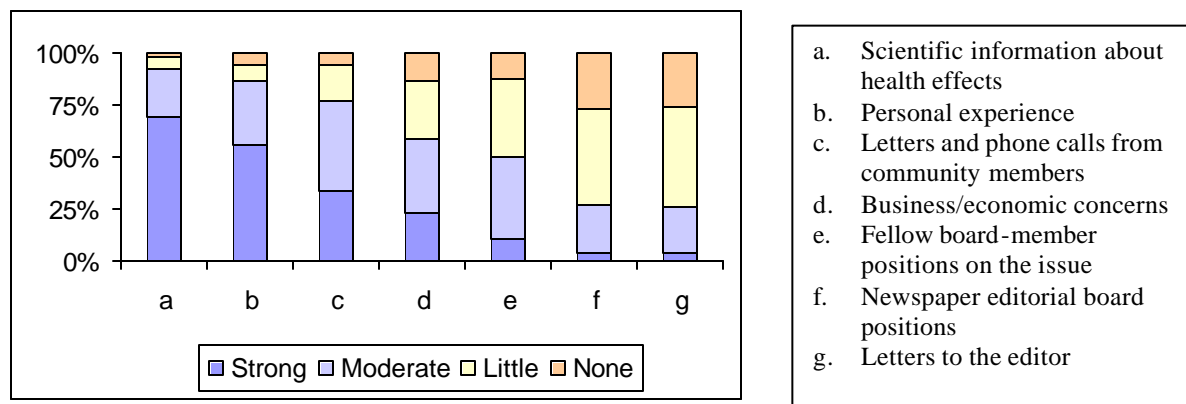
G. What types of information are preferred by local level policy makers?

Policy makers at every level must make decisions about important and very complicated issues that will have an impact on the communities that they serve. While each policy maker brings his or her own expertise to the policy debate, it is not possible for any policy maker to have expertise

about every issue that is considered. The questionnaire asked about preferences for some specific information resources that are commonly used by policy makers, and asked the policy makers to rate various information types, formats and sources in terms of their decision making process.

We asked how much the following types of information would influence policy maker decisions on local tobacco policy issues: scientific information about health effects, business/economic concerns, letters and phone calls from community members, newspaper editorial board positions, letters to the editor, fellow board-member positions, and personal experience. Respondents could rate each of the seven types on a scale of 1-4, where 1 meant no influence and 4 meant strong influence. Scientific information and their own personal experience are rated higher than any other types (see Figure 18).

Figure 18: Influence of information types on local policy maker decisions about tobacco policy



H. What resources do policy makers have for gathering and interpreting information?

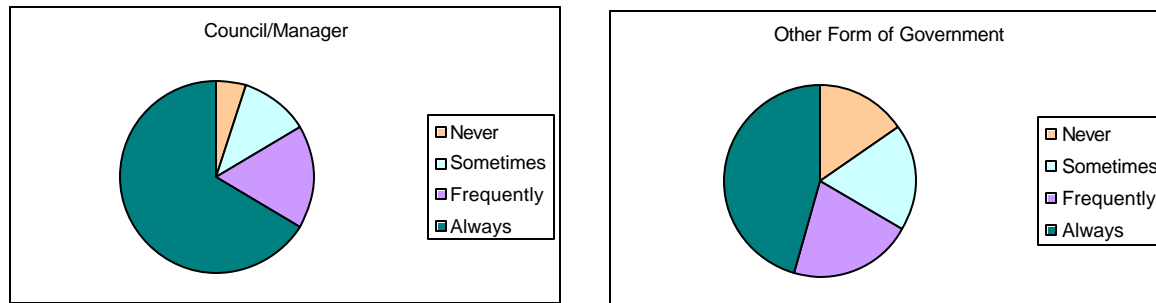
Having to deal with a very broad range of issues, policy makers cannot be experts in all of them. They must rely on others to provide background and information about many of the issues they must consider. The resources they have for gathering information may determine the position they take on an issue. We looked closely at two types of resources that policy makers might use to learn about tobacco issues – staff members who can gather and synthesize information for the policy maker, and the internet.

Staff

Most local level policy makers (62.4%) always have staff support for gathering information about policy issues they are considering. Another 19.8% report that they frequently have staff support, 11.6% sometimes have support, and 6.2% never have staff support. Those serving at the

city/town level were more likely to have staff support if they served in a council/manager form of government.(Chi square =7.948 p=.047). There was no relationship between staff status and whether the jurisdiction was a city/town or county, the population or population density of the jurisdiction served, or personal characteristics of the policy maker, such as age, gender, or years in office.

Figures 19 and 20: Cities/Towns: Do you have staff support to gather information about policy issues being considered by the council/board? By type of Government



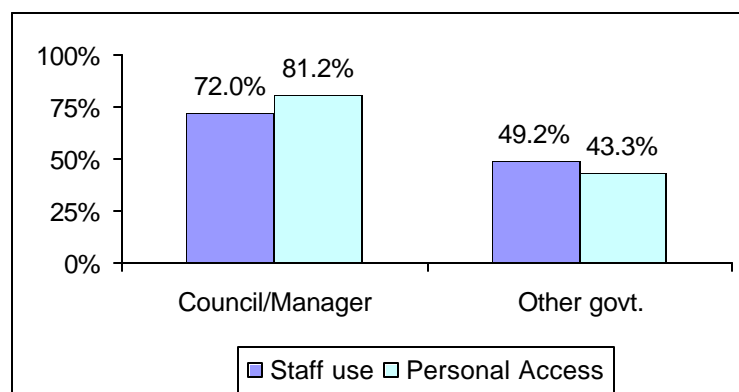
I. Internet Capacity

Another resource that can be used to gather information about policy issues is the internet. More than three quarters (76.7%) of the policy makers reported that they have personal access to the internet. There were no gender differences regarding personal access to the internet. However, age was significantly related to personal internet access; the average age of those with personal access to the web was 53.6 years, while the average age of those without personal internet access was 61.8 years ($f=23.655$ $p=.000$).

Less than a third (29.0%) of policy makers report that their staff frequently uses the internet to look for information about public policy topics being considered; 40.6% report that their staff uses it sometimes, 17.0% occasionally use it, and 13.4% never use it.

Among those serving at the city/town level, the type of government is significantly related to personal internet access and to staff use of the internet (see Figure 21). City/town policy makers serving in a council/manager form of government were significantly more likely to have personal access to the web than are those that serve in some other type of government (Chi square=20.695 $p=.000$). Almost three quarters (72.0%) of policy makers' staff serving in council/city manager governments use the internet to look for information, compared to 42.9% of those who serve in types of city/town government. (chi square=10.367 $p=.016$).

Figure 21: City/Town Personal Internet Access by Type of Government



The degree of internet capacity varies greatly by local project area. Table 2 shows the percentage of responding local policy makers who report having personal internet access by Local Project.

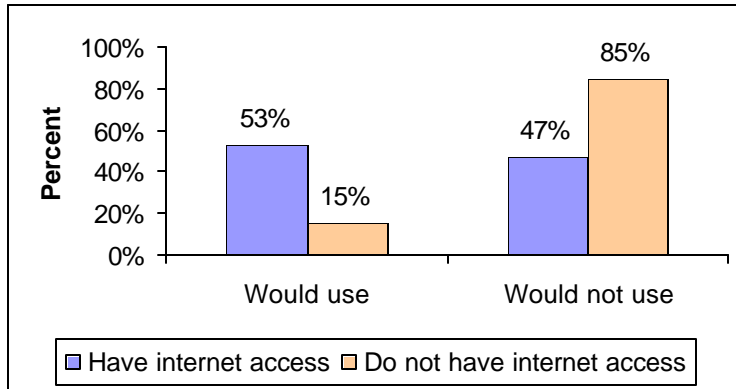
Table 2: Personal Internet Access by Local Project Area

Local Project	Number reporting	% with access
Apache	9	66.7%
Cochise	17	82.4%
Coconino	8	75.0%
Gila	18	66.7%
Graham	5	100.0%
Greenlee	5	40.0%
LaPaz	8	75.0%
Maricopa: Mesa	4	100.0%
Maricopa: Northern	10	70.0%
Maricopa: Scottsdale	6	100.0%
Maricopa: SouthCentral	6	100.0%
Maricopa: Southeast Valley	14	100.0%
Maricopa: TAG/TUP	7	71.4%
Maricopa: TLC	12	66.7%
Maricopa: Western	24	79.2%
Mohave	4	25.0%
Navajo	24	83.3%
Pima	13	92.3%
Pinal	16	56.3%
Santa Cruz	8	50.0%
Yavapai	21	81.0%
Yuma	12	75.0%
Total	252	76.7%

Reported Use of the Internet

While more than three quarters of local policy makers have access to the internet, only 54.1% of those use it regularly, 30.4% use it sometimes and 15.5% have never used it or have only tried it. Having personal internet access is strongly related to using it (chi square=161.321 p=.000), and to using it specifically to look for information about a current public policy topic (chi square=93.242, p=.000). Those with personal internet access are also more likely to use information from the web if it were made available to them (chi square=35.801 p=.000).

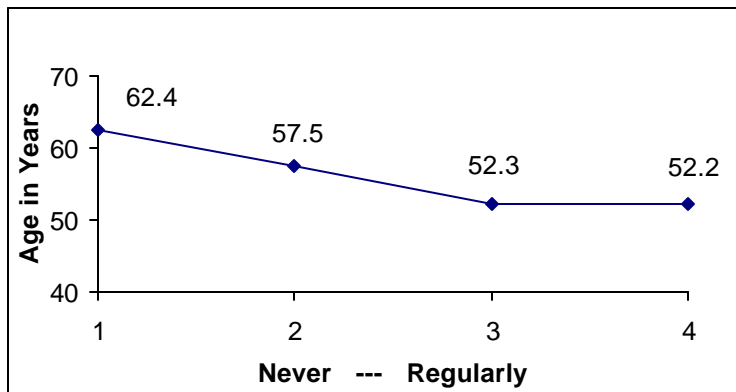
Figure 22: How likely are you to use information on the internet when you consider a public policy health issue?: Comparison of those with and without personal internet access



Whether or not a policy maker would use information from the internet is strongly related to the degree of trust he or she has in that information source. Overall, only 28.1% say they strongly trust information from the internet. The majority (64.1%) say they trust internet information somewhat and 7.8% do not trust it at all.

Use of the internet in general, is significantly related to age (see Figure 23). The older the policy maker, the less likely he or she is to use the internet ($f=11.712$ $p=.000$).

Figure23: How frequently do you use the internet? By Age

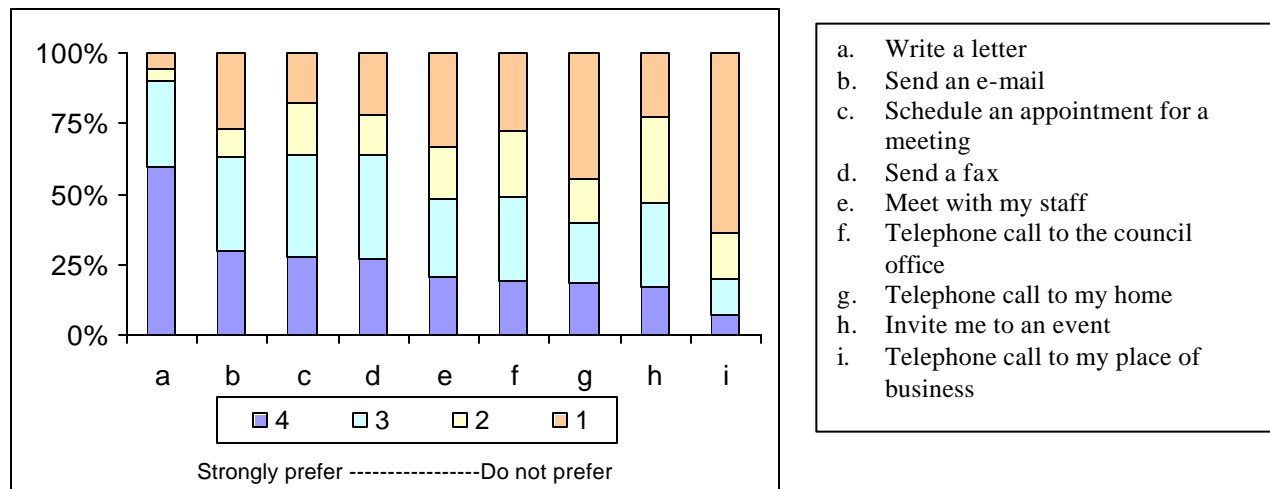


County supervisors are significantly more likely to report that they frequently or sometimes use the internet than are policy makers serving at the city/town level. This finding is independent of age. That is, we tested to see if county supervisors happen to be younger than those serving at the city/town level, but there was no significant age difference between the two groups. Sixty-five percent of county level policy makers use the internet frequently or sometimes, while only 41% of city/town level policy makers do so.

I. How do local policy makers prefer to hear from their constituents?

We asked policy makers the degree to which they prefer various types of contact from constituents (including letters, e-mail, faxes, telephone calls to the council office, telephone calls to the home, telephone calls to the place of business, face to face meetings, inviting the policy maker to events or meeting with the policy maker's staff). Preferences for constituent contact varied considerably among policy makers. The most preferred method of contact was by letter: 89.9% of all policy makers prefer to be contacted by letter. Setting up a meeting was preferred by 64.1%, fax contact was preferred by 63.5% and e-mail contact was preferred by 62.9%. No other type of contact was preferred by more than half of the policy makers. Figure 24 shows the level of preference for each type of contact:

Figure 24: Constituent Contact Preferences

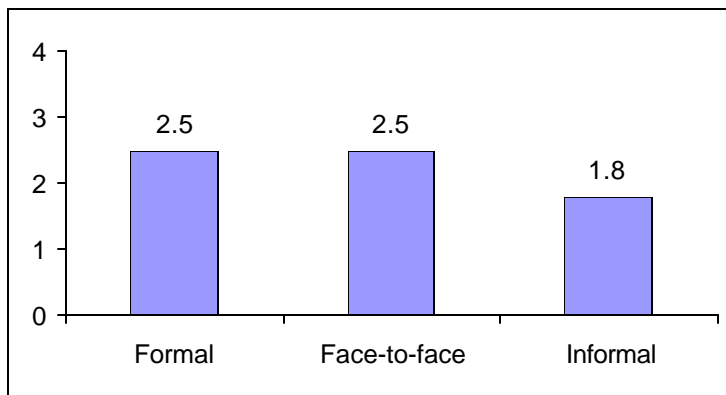


Factor analysis of the preferred contact items showed that overall, responses clustered into three categories:

- | | |
|---------------------------|--|
| (1) Face-to-Face contact: | Schedule an appointment for a meeting
Invite me to an event
Meet with my staff |
| (2) Formal contact | Send an e-mail
Send a fax
Telephone call to the council office |
| (3) Informal contact | Telephone call to my home
Telephone call to my place of business |

On a scale of 1-4, where 1 means “do not prefer” and 4 means “strongly prefer,” policy makers most prefer either formal (mean=2.5) or face-to-face (mean=2.5) contact, over informal (mean=1.8) contact (see Figure 25). Female policy makers were significantly more likely to prefer informal ($f=8.932$ $p=.003$) and face-to-face ($f=4.297$ $p=.039$) contact than were male policy makers.

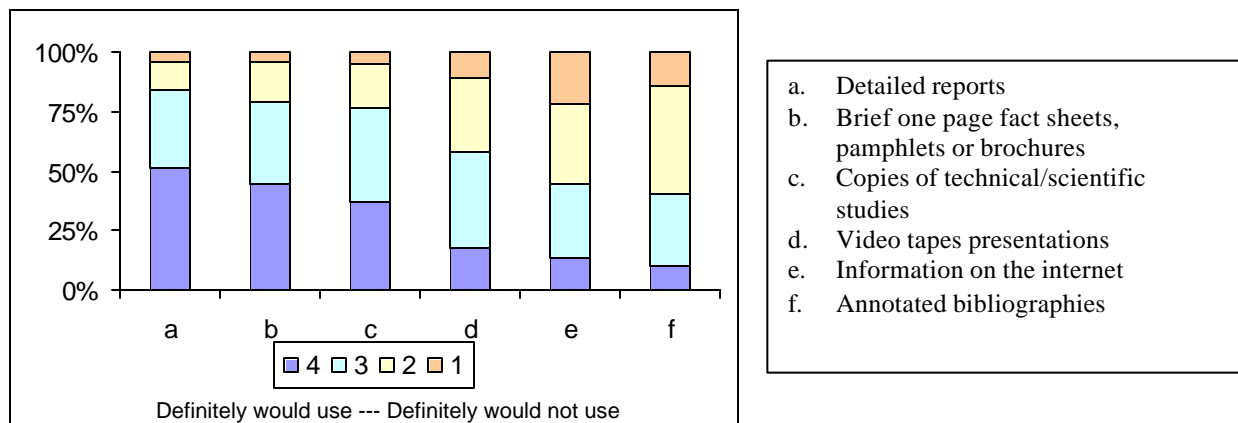
Figure 25: Constituent Contact Preference Scales



Writing a letter was not clearly identified with any of the three factors, but was a component of all three. This analysis suggests that most policy makers prefer formal contact (e-mails, faxes, and telephone calls to the council or supervisor offices), the most policy makers, but particularly women prefer face-to-face contact, and that informal contact is not recommended unless you know specifically that a particular policy maker prefers it. Those that do prefer it are more likely to be women. No matter what the strategy for contacting policy makers is, letter writing should be part of it.

In addition to asking about their preferred methods of constituent contact, we also asked about the format in which local level policy makers prefer to receive information. Figure 26 shows that detailed reports, brief fact sheets and technical studies are the most preferred. Video presentations, internet based information and annotated bibliographies are less likely to be used.

Figure 26: Preferred information formats



IV. CONCLUSION

Successful policy advocacy depends on building strong, trusting, and lasting relationships with local level policy makers. The findings of this study suggest specific actions local tobacco projects and their coalitions can take to accomplish this in the policy arena. For example, this study found that most policy makers trust medical sources more than citizen groups or business interests when considering health and tobacco policy issues, and that Arizona's local tobacco projects are currently viewed as "citizen groups." That perception should be changed in order to increase the level of trust local policy makers have in the local tobacco projects. Coalitions should include recognized medical and health care experts from the community and these individuals should take a leading role in communicating with policy makers and advocating for specific policy changes. While the relationship between the coalition and the project should be highlighted, these efforts should also be coordinated with other health advocacy groups in the community.

Local project staff members, who are prohibited from direct lobbying activities, should establish a relationship with local policy makers by providing them with medical and scientific information on tobacco issues on an ongoing basis. Supplying published articles along with a brief summary of the findings would be a welcome approach.

The majority of local policy makers do recognize a role for local government in protecting public health, limiting exposure to health risks in public places, guaranteeing clean indoor air in public places, and limiting the availability of tobacco to youth. These issues are likely to be better received by policy makers than issues such as guaranteeing clean indoor air in private workplaces, and controlling local tobacco advertising in retail settings, which are not viewed by the majority as appropriate for local government intervention.

Most local policy makers are aware of ETS as a health hazard, but they minimize the effect of secondhand smoke in public places, and therefore do not necessarily support clean indoor air policies. They also underestimate public support for strong tobacco control policies. Education on these issues is needed.

Finally, while public health and selected tobacco issues are viewed by local level policy makers as being within the purview of local government, our data suggest that public health issues, including tobacco control, are not seen as being particularly salient by local level policy makers. Salience is related to knowledge, however, and education of policy makers may serve to increase the salience of tobacco issues in their otherwise full agendas. Salience is also related to perceptions of constituent support for strong tobacco control policies. These findings support an approach where local project staff provide timely scientific information and coalitions demonstrate broad community support in order to raise the salience of tobacco issues among local level policy makers, while medical experts are prominent among those enlisted to address health issues related to specific policy proposals.

Appendix 1

Structured, Open-ended Interview Outline

Policy Maker Interviews:

- U of A study of local level policy makers.
 - Interested in how policy makers access information about health-related topics and how community interest groups influence their decisions.
 - Focus of the interview is around tobacco issues.
 - We are interviewing all of the city council/county supervisors in three communities – Mesa, Lake Havasu, and Yuma in order to gain an understanding of the issues.
 - The information will be used to frame the questions we will ask in a brief telephone survey of all city council/county supervisors in Arizona
 - Confidential, no names
1. How long have you served?
 2. Has the council/supervisors considered any tobacco issues since you were elected?
 - What were the issues?
 - Who brought it before the council?
 - Who or what organizations were involved in the discussion?
 - What arguments were made on both sides?
 - What argument do you think was the most persuasive? Why?
 - What argument most influenced the outcome of the vote? Why?
 3. What role do you think local government should play in:
 - protecting public health
 - limiting youth access to tobacco,
 - creating smoking bans in public places including restaurants,
 - restricting sales and advertising
 4. What is the most effective way for someone with an interest in an issue like tobacco policy to contact you? What kind of information is most meaningful to you? What format do you prefer when someone provides you with information?
 - phone, mail, e-mail, meeting, talk to aide
 - reading material, web sites, data
 5. How much do you trust the information provided by: What do you think their biases are?
 - The medical community (e.g. doctors and organizations like the Cancer Society, Lung Association, Heart Association etc.)
 - The public health community (e.g. city/county health department)
 - The business community (restaurant association, chamber of commerce, large and small business owners)
 - Individual concerned citizens
 - Youth
 - Any other players identified by the interviewee
 6. Who do you see as the “experts” on tobacco issues when it comes to public policy decisions?

7. How much of an influence on your opinion are...
 - Editorials
 - Scientific studies
 - Studies conducted locally
 - Health professionals
 - Tobacco industry
 - Health department officials
 - Your colleagues
 - Family and friends
 - Constituents
 - Your intuition
8. Are you familiar with the Local Project?
 - Mohave County Tobacco Prevention Program (McTUPP) (Susan Williams)
 - Mesa Partnership for Tobacco-Free Youth and Community (Johnna Switzer)
 - The tobacco program at the Yuma County Department of Public Health (Donna Miller)
 - What kinds of things does this program do in your community?
 - Have you ever participated in any activities sponsored by the Local Project? Which ones, in what capacity?
 - Do you personally know anyone who is a member of the local tobacco coalition?
 - Have you had any other kind of contact with the Local Project – describe...
9. Personal Information
 - Gender,
 - Party
 - Age
 - Have kids at home?
 - What organizations, both professional and recreational do you belong to?
 - Have you ever used tobacco? Do you use tobacco now?

Appendix 2

The following questions address how you receive and use information on public policy issues.

Please circle or check your responses.

1. Do you have staff support to gather information about policy issues being considered by the council/board?

4 Always
3 Frequently
2 Sometimes
1 Never

2. If a constituent wanted to contact you about a tobacco policy issue, what would you prefer he or she do?

	Do Not Prefer			Strongly Prefer
a. Write a letter	1	2	3	4
b. Send an e-mail	1	2	3	4
c. Send a fax	1	2	3	4
d. Telephone call to the council office	1	2	3	4
e. Telephone call to my home	1	2	3	4
f. Telephone call to my place of business	1	2	3	4
g. Schedule an appointment for a meeting	1	2	3	4
h. Invite me to an event	1	2	3	4
i. Meet with my staff	1	2	3	4
j. Other (Please specify: _____ _____)	1	2	3	4

3. How much would the following types of information influence your decisions on local tobacco policy issues?

No

Strong

	Influence			Influence
a. Scientific information about health effects	1	2	3	4
b. Business/economic concerns	1	2	3	4
c. Letters and phone calls from community members	1	2	3	4
d. Newspaper editorial board positions	1	2	3	4
e. Letters to the editor	1	2	3	4
f. Fellow board-member positions on the issue	1	2	3	4
g. Personal experience	1	2	3	4

4. *How much influence would the opinions of each of the following sources of information have on your thinking about tobacco issues in your locality?*

	No Influence			Strong Influence
a. National medical experts	1	2	3	4
b. Health professionals in your community	1	2	3	4
c. County Health Department Staff	1	2	3	4
d. The American Cancer Society	1	2	3	4
e. The American Lung Association	1	2	3	4
f. Business groups (Chamber of Commerce, Restaurant Assoc)	1	2	3	4
g. Individual business owners	1	2	3	4
h. Citizen anti-tobacco groups	1	2	3	4
i. Citizen pro-tobacco groups	1	2	3	4
j. Youth	1	2	3	4
k. The local tobacco education and prevention project	1	2	3	4

5. How likely are you to use the following *information formats* when you consider a public policy health issue?

	Definitely not use			Definitely would use
a. Detailed reports	1	2	3	4
b. Copies of technical/scientific studies	1	2	3	4
c. Annotated bibliographies	1	2	3	4
d. Brief one page Fact Sheets, pamphlets or brochures	1	2	3	4
e. Video taped presentations	1	2	3	4
f. Information on the internet (web)	1	2	3	4

6. Are there any other information formats you rely on when considering a public policy health issue?

0 No 1 Yes (Please specify: _____)

*The following questions are about e-mail and the internet/worldwide web.
Please check your responses. Please check your responses.*

7. Do you have personal access to:

a. e-mail?	<u> </u> No	<u> </u> Yes
	0	1
b. the internet (worldwide web)?	<u> </u> No	<u> </u> Yes
	0	1

8. How frequently do you use:	a. e-mail ?	<u>regularly₄</u>	<u>sometimes₃</u>	<u>tried it₂</u>	<u>never₁</u>
	b. the internet?	<u>regularly₄</u>	<u>sometimes₃</u>	<u>tried it₂</u>	<u>never₁</u>

9. How comfortable are you seeking information on the internet (worldwide web)?

_____ 4 Very Comfortable _____ 3 Somewhat Comfortable _____ 2 Not comfortable but anxious to learn _____ 1 Not comfortable and probably won't use it

10. Do you ever use the internet (worldwide web) to look for information about a public policy topic you are considering?

4 Frequently 3 Sometimes 2 Occasionally 1 Never

11. Does your staff ever use the internet (worldwide web) to look for information for you on a policy topic you are considering?

 Frequently Sometimes Occasionally Never
4 3 2 1

12. How much would you trust information about public policy topics that comes from the internet?

 Totally A great deal Somewhat Not at all
4 3 2 1

The following questions are about your opinions.

13. How much do you agree or disagree with the following statements? (circle your response)

	Strongly Disagree			Strongly Agree
a. Secondhand smoke creates a serious health risk for non-smokers	1	2	3	4
b. Health issues should take precedence over business concerns in making decisions about public tobacco policies	1	2	3	4
III. c. The little bit of smoke you inhale in public areas where smoking is permitted is not enough to hurt you.	1	2	3	4
d. Smokers have a right to smoke wherever they want.	1	2	3	4
e. If it is clear that my constituents do not want it, I will not vote for something even if I think is right.	1	2	3	4
f. The majority of Americans support strong tobacco control policies.	1	2	3	4
g. The majority of my constituents support strong tobacco control policies.	1	2	3	4

14. Who do you believe has the responsibility for *creating public policy* for each of the following issues?

Please circle all that apply.

	Federal government	State government	County government	City government	Citizen initiative	Not an appropriate public policy issue
a. Protecting public health	1	2	3	4	5	6
b. Limiting exposure to health risks in public places.	1	2	3	4	5	6
c. Guaranteeing clean indoor air in public places.	1	2	3	4	5	6
d. Guaranteeing clean indoor air in private workplaces	1	2	3	4	5	6
e. Limiting the availability of tobacco to youth	1	2	3	4	5	6
f. Controlling local advertising of tobacco products in retail settings	1	2	3	4	5	6
g. Imposing local taxes, licensing, or zoning restrictions on businesses that sell tobacco products	1	2	3	4	5	6

15. On a scale of 1-10, where 1 means not serious and 10 means very serious, how serious are the following health issues in your district?

- a. Access to health care _____ b. Water quality _____ c. Tobacco use _____ d. Air quality _____
- e. Hazardous waste _____ f. Drunk driving _____ g. Immunizations _____

*Remember this survey is confidential— all of the findings will be reported only in the aggregate.
Please fill in or check the answers that describe you:*

17. Gender: _____ Male
0
_____ Female
1

APPENDIX 3 CLASSIFICATION OF OCCUPATIONS OF MUNICIPAL ELECTED OFFICIALS

CATEGORY	Occupations
Arts	Artist Potter
Business	Advertising executive Broker marketer Building contractor Business owner Businessman/woman Car dealer CEO Contractor Distributor Insurance agent/sales Investments Publishing Real estate broker Real estate developer Real estate/realtor Self employed Title specialist
Clerical	Accounting clerk Bookkeeper Cashier Clerk Paralegal Secretary
Education	Administrator/faculty associate College administration College English teacher College student Director of education Educator Flight instructor Migrant Head Start Center director School aide School counselor School custodian School district School principal Student Teacher Teacher's aide University of Arizona
Farming/Ranching	Dairyman Farmer

CATEGORY	Occupations
	Landscape management Ranch owner
Health	Certified dental assistant Chiropractor Dentist EMT Health and safety inspector Health director Medical administrator Mt. Graham hospital Nurse manager Nurse, R.N. Oncology account manager Physician Psychologist Public and environmental health specialist Respirator room attendant V.A. Hospital Veterinarian
Homemaker	Homemaker Housewife
Hospitality	Food service manager Hotelier Motel owner Restaurant manager Restaurant owner Restaurateur Waitress
Labor	ASARCO Ray Mine Auto technician Builder Construction Cook Diesel mechanic Electronic technician Equipment operator Field mechanic Hair stylist Instrumentation technician Laborer Machinist Maintenance technician Manufacturing Mechanic Operator SRP Paper mill Phelps Dodge Railroad engineer
Labor (continued)	

CATEGORY	Occupations
	Truck driver Utility service Welder
Professionals	Accountant Architect Attorney Civil engineer Consulting engineer CPA Engineer Nuclear engineer Systems engineer
Public Service	Adult probation specialist Civil service Councilman/woman County employee Court clerk Deputy sheriff Government employee Parks and recreation Police chief Postal employee Probation Public works Relocation Commission Director Senior citizens director Sheriff's department
Sales	Antique dealer Gallery owner Market manager Retail management Retail/retailer Sales consultant Sales manager Sales representative Sales/salesman Vehicle sales
Service Service (cont)	Account manager Administrator Banker Business representative Clergy Client services Computer data assistant Computer systems manager Construction management Consultant Contract manager

CATEGORY	Occupations
	Control room operator Controller Director/Executive Director District manager Drafter Electric utilities Escrow branch manager Event producer Financial analyst Fire administrator General manager H.R. facilitator Housing America Human resource manager Interior design Loan officer Lumber store manager M.H. Park Manager Manager Manager – food store Media director MIS director Mortgage broker Operations manager Pest control Powerhouse leadman President Production manager Project coordinator Project manager Property manager Senior financial credit analyst Smelter supervisor Supervisor Utility executive

Appendix 4: Information by Local Project

Table 1: Number of Policy Makers Reporting by Local Project

<i>Local Project</i>	<i>Number reporting</i>
Apache	9
Cochise	18
Coconino	8
Gila	21
Graham	5
Greenlee	5
LaPaz	9
Maricopa	1
Maricopa: Mesa	4
Maricopa: Northern	10
Maricopa: Scottsdale	7
Maricopa: SouthCentral	6
Maricopa: Southeast Valley	14
Maricopa: TAG/TUP	7
Maricopa: TLC	12
Maricopa:Western	25
Mohave	5
Navajo	26
Pima	14
Pinal	17
Santa Cruz	10
Yavapai	22
Yuma	13
Unknown	1
Total	269

Table 2: Election Cycles for Local Arizona Jurisdictions

<i>Two year terms expire</i>		<i>Four year terms expire</i>
Municipalities		
Apache Junction		June odd numbered years
Avondale		Dec. odd numbered years
Benson		June odd numbered years
Bisbee		Dec. even numbered years
Buckeye		May even numbered years
Bullhead City		June odd numbered years
Camp Verde		June odd numbered years
Carefree	June odd numbered years	
Casa Grande		June odd numbered years
Cave Creek	June odd numbered years	
Chandler		June even numbered years
Chino Valley		June odd numbered years
Clarkdale		June even numbered years
Clifton		May even numbered years
Colorado City		May even numbered years
Coolidge		June even numbered years
Cottonwood		May odd numbered years
Douglas		June even numbered years
Duncan		June odd numbered years
Eager		July even numbered years
El Mirage		June even numbered years
Eloy		June even numbered years
Flagstaff		June even numbered years
Florence		May even numbered years
Fountain Hills		June even numbered years
Fredonia		July even numbered years
Gila Bend		June odd numbered years
Gilbert		June odd numbered years
Glendale		June even numbered years
Globe	May even numbered years	
Goodyear		June odd numbered years
Guadalupe		May odd numbered years
Hayden		June odd numbered years
Holbrook		May odd numbered years
Huachuca City		May odd numbered years
Jerome	June even numbered years	
Kearny		May even numbered years
Kingman		June even numbered years

Table 2 (continued)

<i>Two year terms</i>		<i>Four year terms, staggered</i>
Lake Havasu City		Nov. even numbered years
Litchfield Park		June even numbered years
Mammoth		June even numbered years
Marana		May odd numbered years
Mesa		June even numbered years
Miami	June even numbered years	
Nogales	Dec. even numbered years	
Oro Valley		May even numbered years
Page		June odd numbered years
Paradise Valley	April even numbered years	
Parker		May odd numbered years
Patagonia		June even numbered years
Payson		May even numbered years
Peoria		June odd numbered years
Phoenix		Dec. odd numbered years
Pima		Dec. even numbered years
Pinetop-Lakeside		May odd numbered years
Prescott		Nov. odd numbered years
Prescott Valley		June odd numbered years
Quartzite		June even numbered years
Queen Creek		May even numbered years
Safford		May even numbered years
Sahuarita		May odd numbered years
St. Johns		June odd numbered years
San Luis		June even numbered years
Scottsdale		June even numbered years
Sedona		June even numbered years
Show Low		June even numbered years
Sierra Vista		June odd numbered years
Snowflake		June odd numbered years
Somerton		May odd numbered years
South Tucson		June odd numbered years
Springerville		June even numbered years
Superior		June odd numbered years
Surprise		June odd numbered years
Taylor		May odd numbered years
Tempe		July even numbered years
Thatcher		June even numbered years
Tolleson		June odd numbered years
Tombstone	Nov. even numbered years	
Tucson		Dec. odd numbered years
Wellton		May odd numbered years
Wickenburg		May even numbered years

Table 2 (Continued)

<i>Two year terms</i>		<i>Four years staggered terms</i>
Willcox		June even numbered years
Williams		June even numbered years
Winkelman		June even numbered years
Winslow		May even numbered years
Youngtown		May odd numbered years
Yuma		Dec. odd numbered years
Counties		
Apache	Dec. even numbered years	
Cochise		Dec. even numbered years
Coconino	Dec. even numbered years	
Gila	Dec. even numbered years	
Graham	Dec. even numbered years	
Greenlee	Dec. even numbered years	
La Paz	Dec. even numbered years	
Maricopa		Dec. even numbered years
Mohave	Dec. even numbered years	
Navajo	Dec. even numbered years	
Pima	Dec. even numbered years	
Pinal	Dec. even numbered years	
Santa Cruz	Dec. even numbered years	
Yavapai	Dec. even numbered years	
Yuma		Dec. even numbered years

Table 3: Political Party of Survey Respondents by Local Project

Local Project	Republican	Democrat	Independent	Green	Libertarian	Not Known
Apache	0	1	0	0	0	8

Cochise	8	7	0	0	0	3
Coconino	1	6	0	1	0	0
Gila	7	13	1	0	0	0
Graham	0	5	0	0	0	0
Greenlee	1	4	0	0	0	0
LaPaz	3	3	0	0	0	3
Maricopa	1	0	0	0	0	0
Maricopa: Mesa	1	1	0	0	0	2
Maricopa: Northern	5	0	0	0	0	5
Maricopa: Scottsdale	7	0	0	0	0	0
Maricopa: SouthCentral	3	1	0	0	0	2
Maricopa: SE Valley	8	1	0	0	0	5
Maricopa: TAG/TUP	2	4	0	0	0	1
Maricopa: TLC	7	4	0	0	0	1
Maricopa:Western	17	5	1	0	1	1
Mohave	5	0	0	0	0	0
Navajo	16	10	0	0	0	0
Pima	6	5	0	0	0	3
Pinal	3	11	1	0	0	2
Santa Cruz	1	8	0	0	0	1
Yavapai	9	5	1	0	0	7
Yuma	4	8	1	0	0	0
Unknown						1
Total	115	102	5	1	1	45

Table 4: Tobacco Use Status of Survey Respondents

<i>Local Project</i>	<i>Current Regular Smoker</i>	<i>Current occasional Smoker</i>	<i>Current smoker, trying to quit</i>	<i>Former Smoker</i>	<i>Never Smoked</i>
Apache	0	0	0	3	6
Cochise	0	0	0	10	5

Coconino	1	0	0	1	6
Gila	5	1	0	5	10
Graham	0	0	0	2	3
Greenlee	0	2	0	0	3
LaPaz	0	1	1	3	3
Maricopa (countywide)	0	0	0	1	0
Maricopa: Mesa	0	0	0	1	3
Maricopa: Northern	0	0	0	5	5
Maricopa: Scottsdale	1	1	0	3	2
Maricopa: SouthCentral	0	0	0	2	3
Maricopa: Southeast Valley	0	0	0	2	12
Maricopa: TAG/TUP	0	0	0	2	5
Maricopa: TLC	0	0	0	5	6
Maricopa: Western	1	0	1	9	14
Mohave	0	1	0	2	2
Navajo	1	0	0	11	13
Pima	0	2	0	6	6
Pinal	2	0	0	8	7
Santa Cruz	0	0	1	4	5
Yavapai	2	2	0	9	7
Yuma	0	1	0	3	9
Total	13	11	3	97	135

Table 5: Restaurant Seating Preference of Survey Respondents

Local Project	Smoking	Non Smoking	No Preference
Apache	0	8	1
Cochise	0	14	2
Coconino	0	7	1
Gila	2	15	4
Graham	0	5	0
Greenlee	1	2	2
LaPaz	1	5	2
Maricopa (countywide)	0	1	0
Maricopa: Mesa	0	4	0

Maricopa: Northern	0	10	0
Maricopa: Scottsdale	0	5	2
Maricopa: SouthCentral	0	5	0
Maricopa: Southeast Valley	0	13	0
Maricopa: TAG/TUP	0	7	0
Maricopa: TLC	0	10	1
Maricopa: Western	0	18	6
Mohave	0	4	1
Navajo	2	23	0
Pima	0	13	1
Pinal	1	14	2
Santa Cruz	0	7	3
Yavapai	0	17	3
Yuma	0	13	0
Total	7	220	31

Table 6: How much do you agree or disagree that secondhand smoke creates a serious health risk for non-smokers?

<i>Local Project</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Apache	0	0	1	8
Cochise	1	3	2	11
Coconino	0	0	3	5
Gila	3	4	5	8
Graham	0	0	1	4
Greenlee	1	1	0	3
LaPaz	0	3	1	4
Maricopa (countywide)	0	0	0	1
Maricopa: Mesa	0	0	0	4

Maricopa: Northern	0	0	3	7
Maricopa: Scottsdale	0	3	1	3
Maricopa: SouthCentral	0	0	1	5
Maricopa: Southeast Valley	1	0	3	10
Maricopa: TAG/TUP	0	0	1	6
Maricopa: TLC	0	2	1	9
Maricopa: Western	2	3	9	11
Mohave	0	1	2	1
Navajo	0	1	3	21
Pima	2	1	4	7
Pinal	1	1	5	10
Santa Cruz	0	3	1	6
Yavapai	0	3	4	14
Yuma	0	0	4	9
Total	11	29	55	167

Table7: How much do you agree or disagree that the little bit of smoke you inhale in public places where smoking is permitted is not enough to hurt you?

<i>Local Project</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Apache	5	4	0	0
Cochise	7	5	2	3
Coconino	3	4	1	0
Gila	8	3	2	7
Graham	2	3	0	0
Greenlee	1	2	1	1
LaPaz	3	3	2	0
Maricopa (countywide)	0	1	0	0
Maricopa: Mesa	1	3	0	0
Maricopa: Northern	2	3	4	1
Maricopa: Scottsdale	1	2	3	1

Maricopa: SouthCentral	2	4	0	0
Maricopa: Southeast Valley	5	3	3	2
Maricopa: TAG/TUP	5	1	0	1
Maricopa: TLC	7	3	1	1
Maricopa: Western	8	10	6	1
Mohave	0	2	2	0
Navajo	13	9	2	1
Pima	5	2	6	1
Pinal	11	3	1	2
Santa Cruz	5	4	1	0
Yavapai	8	6	5	2
Yuma	6	5	1	1
Total	108	85	43	25

Table 8: How much do you agree or disagree that smokers have a right to smoke wherever they want?

<i>Local Project</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Apache	8	0	1	0
Cochise	14	2	1	0
Coconino	7	1	0	0
Gila	12	2	3	2
Graham	4	1	0	0
Greenlee	1	1	1	1
LaPaz	5	0	0	3
Maricopa: Mesa	4	0	0	0
Maricopa: Northern	8	1	1	0
Maricopa: Scottsdale	3	3	1	0
Maricopa: SouthCentral	6	0	0	0
Maricopa: Southeast Valley	11	2	0	0
Maricopa: TAG/TUP	7	0	0	0
Maricopa: TLC	9	2	0	0

Maricopa:Western	16	5	2	2
Mohave	3	1	0	0
Navajo	21	3	0	0
Pima	12	2	0	0
Pinal	11	3	0	2
Santa Cruz	6	1	3	0
Yavapai	13	7	0	1
Yuma	11	1	0	1
Total	192	38	14	12

Table 9: How much do you agree or disagree that the majority of Americans/my constituents support tobacco control?

<i>Local Project</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Apache	0/1	2/0	4/5	3/3
Cochise	0/1	7/12	8/4	2/0
Coconino	0/0	1/2	4/4	3/2
Gila	2/1	8/5	5/9	3/3
Graham	1/0	0/1	2/3	2/1
Greenlee	1/2	1/1	3/2	0/0
LaPaz	0/0	0/1	6/4	2/2
Maricopa (countywide)	0/0	0/1	1/0	0/0
Maricopa: Mesa	0/0	0/0	4/4	0/0
Maricopa: Northern	0/0	2/1	2/5	6/4
Maricopa: Scottsdale	0/1	1/2	5/4	1/0
Maricopa: SouthCentral	0/1	1/0	2/4	2/0
Maricopa: Southeast Valley	0/0	2/4	9/7	3/3
Maricopa: TAG/TUP	0/0	1/3	1/2	5/1
Maricopa: TLC	0/0	3/2	4/5	5/4
Maricopa:Western	0/1	10/10	11/8	4/6
Mohave	0/0	1/2	3/2	0/0

Navajo	0/1	7/6	11/9	7/8
Pima	0/0	3/3	8/8	3/2
Pinal	1/1	5/5	8/9	3/2
Santa Cruz	1/1	3/2	3/4	3/2
Yavapai	0/0	5/7	11/10	3/3
Yuma	0/0	1/2	10/8	2/3
Total	6/11	64/72	125/120	62/49

Table 10: How much do you agree or disagree that health issues should take precedence over business concerns in making decisions about public tobacco policies?

<i>Local Project</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
Apache	0	0	4	5
Cochise	1	3	6	7
Coconino	0	0	2	6
Gila	1	4	6	9
Graham	0	1	3	1
Greenlee	1	1	3	0
LaPaz	0	0	2	5
Maricopa (countywide)	0	1	0	0
Maricopa: Mesa	0	0	3	1
Maricopa: Northern	0	2	3	5
Maricopa: Scottsdale	0	3	2	2
Maricopa: SouthCentral	0	1	2	3
Maricopa: Southeast Valley	1	1	7	5
Maricopa: TAG/TUP	0	0	2	5
Maricopa: TLC	0	0	2	10
Maricopa: Western	0	6	8	10
Mohave	0	1	2	1
Navajo	0	2	11	12

Pima	0	3	7	4
Pinal	2	0	5	10
Santa Cruz	0	3	3	3
Yavapai	0	3	7	11
Yuma	0	0	10	3
Total	6	35	101	118

Table 11: Do you have staff support to gather information about policy issues being considered by the council/board?

<i>Local Project</i>	<i>Never</i>	<i>Sometimes</i>	<i>Frequently</i>	<i>Always</i>
Apache	0	3	1	5
Cochise	2	1	2	12
Coconino	0	1	4	3
Gila	4	5	4	7
Graham	1	2	0	2
Greenlee	2	1	1	1
LaPaz	1	2	1	5
Maricopa (countywide)	0	0	1	0
Maricopa: Mesa	0	0	0	4
Maricopa: Northern	2	0	1	5
Maricopa: Scottsdale	0	0	0	7
Maricopa: SouthCentral	0	1	0	4
Maricopa: Southeast Valley	0	0	4	8
Maricopa: TAG/TUP	1	0	2	4
Maricopa: TLC	0	2	4	5
Maricopa: Western	2	2	5	16
Mohave	0	1	1	3

Navajo	0	1	4	20
Pima	1	1	4	8
Pinal	0	0	2	15
Santa Cruz	0	2	1	7
Yavapai	0	3	5	13
Yuma	0	2	4	7
Total	16	30	51	161

Table 12: How frequently do you use e-mail?

Local Project	Never	Tried it	Sometimes	Regularly
Apache	2	0	0	6
Cochise	4	1	5	7
Coconino	0	1	2	5
Gila	5	2	5	6
Graham	0	0	2	3
Greenlee	3	0	1	1
LaPaz	2	0	2	5
Maricopa (countywide)	0	0	1	0
Maricopa: Mesa	0	0	2	2
Maricopa: Northern	3	1	2	4
Maricopa: Scottsdale	0	0	0	7
Maricopa: SouthCentral	0	1	0	5
Maricopa: Southeast Valley	1	1	0	12
Maricopa: TAG/TUP	3	0	0	3
Maricopa: TLC	2	1	2	6
Maricopa: Western	7	2	0	15
Mohave	3	0	0	1
Navajo	4	4	5	11
Pima	0	0	1	12
Pinal	7	1	1	8
Santa Cruz	6	1	0	3
Yavapai	3	1	4	13
Yuma	3	1	4	5
Total	58	18	39	140

